



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number Geo Logic Corporation / 71185-4	2. EPA Product Manager Hope Johnson	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Geo Logic Corp./AgroSource Streptomycin Technical	PM# 21	
5. Name and Address of Applicant (Include ZIP Code) Geo Logic Corporation P.O. Box 3091 Tequesta, FL 33469 <input checked="" type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(ii), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

## Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Revise Directions for Use to permit application on tomatoes for control of Bacterial Spot up to and through fruiting in both field and greenhouse tomatoes. Add use on grapefruit (bearing and non-bearing) for the control of Citrus Canker. PRIA Fee Category: None (Tolerance Petition and Amendments are being submitted by IR-4).

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
* Certification must be submitted		If "Yes" Unit Packaging wgt. 63 lbs.	No. per container 1	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
		If "Yes" Package wgt.	No. per container	<input checked="" type="checkbox"/> Other (Specify) fiber drums	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Not Retailed		5. Location of Label Directions <input type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				<input type="checkbox"/> Other _____	

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Taw W. Richardson	Title President	Telephone No. (Include Area Code) 561-529-1223
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Authorized rep. for Geo Logic Corp.	
4. Typed Name James P. Rathvon	5. Date December 6, 2013	